

CORPCODE REQUEST FORM

To be completed by company owner and/or executive officer

Legal Name of Company: _____

Federal Tax Payer ID# / Federal Employer ID#: _____

Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address if mailing address is a PO Box: _____

Business Description: _____

Will your vehicle(s) be principally garaged at this location? ____ Yes ____ No ____

If not, where will the vehicle(s) be garaged? _____

Name of Executive Requesting Corpcode: _____

Relationship to Company: _____

Driver License Number: _____ State: _____

Note: A photocopy of the valid driver license of the company official completing this form and of the individual granted Power of Attorney, if applicable, must be attached to this document. The party submitting application at a motor vehicle agency will be required to show their original document.

Social Security Number: _____

Submission of the Social Security Number if required by N.J.A.C.13:21-1.3. The number will be used to prevent errors, enforce Federal and State laws and assist in the collection of motor vehicle fees.

Does your company **currently** have any vehicles registered in this state? ____ Yes ____ No

If yes, please complete the following information for one of the vehicles:

VIN or Hull#: _____ Plate#: _____

Make: _____ Model: _____ Year: _____

I certify that I am requesting a corpcode because the applicable vehicles will be principally garaged in New Jersey for use by the above legally operated company and that I am legally present in this country.

Signature: _____ Title: _____ Date: _____

MVC **Only**: Agency: _____ ID checked by: _____ Date: _____

Approved Corpcode#: _____

Approval Date: _____ AHL employee: _____